

Docket No: 10738-43

PATENT

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Mail Stop Amendment Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on 4-13-2004.

Denise M. Everett

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:	Kersten M. Small et al.	Paper No.:
Serial No.:	09/692,077	Group Art Unit: 1634
Filed:	October 19, 2000	Examiner: Johannsen, Diana
For:	Alpha-2B Adrenergic Receptor Polymorphisms	

REQUEST FOR EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is an Amendment in response to the Office Action mailed March 11, 2004.

Applicant petitions the Commissioner of Patents & Trademarks to extend the time for response to the Office Action dated March 11, 2004 for 3 months from June 11, 2004 to September 11, 2004.

Please charge the extension fee of \$490.00 to our Visa credit card account. Form PTO-2038 is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 04-1133.

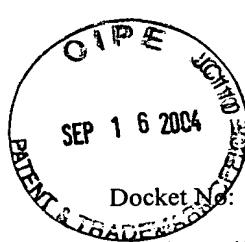
Respectfully submitted,

By: *Denise M. Everett*

Denise M. Everett
Registration No. 47,552
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Alj M. Everett

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Kersten M. Small et al.

Serial No.: 09/692,077

: Group Art Unit: 1634

Filed: October 19, 2000

: Examiner: Johannsen, Diana

For: Alpha-2B Adrenergic Receptor Polymorphisms

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

additional fee is required.
 also attached: Request for Extension of Time (3 month); Return Post Card

The fee has been calculated as shown below:

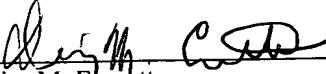
	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	63	20 63	0	x \$9 =	\$
Independent Claims	12	2 12	0	x \$43 =	\$
If multiple claims newly presented, add \$145.00					-----
Month Extension Fee					\$490.00
Information Disclosure Statement					\$000.00
TOTAL FEE DUE					\$490.00

Please charge my Deposit Account No. 04-1133 in the amount of \$.

Please charge the amount of \$490.00 to our Visa credit card. Form PTO-2038 is enclosed.

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By: 

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